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Bib Data Sheet

CONFIRMATION NO. 9824

<b>SERIAL NUMBER</b> 09/918,049	<b>FILING DATE</b> 07/30/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2162	<b>ATTORNEY DOCKET NO.</b> KCC4711.1	
<b>APPLICANTS</b> Julie A. Raye, Sherwood, WI; Aida E. Flick, Menasha, WI; Wanda W. Jackson, Alpharette, GA; Betsy C. Westlake, Appleton, WI;					
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/240,673 10/16/2000					
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 09/03/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> WI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 54	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 000321					
<b>TITLE</b> Method of selecting feminine care products and processing orders therefor					
<b>FILING FEE RECEIVED</b> 1402	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		